

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TEXAS SPINE AND JOINT HOSPITAL PAC

ADDRESS (number and street) ▼

1814 ROSELAND BLVD

☐ Check if different than previously reported. (ACC)

TYLER

TX

75701

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00437525

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☒ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2016

through

M M M / D D D / Y Y Y Y Y Y
06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ANTHONY WAHL

Signature of Treasurer

ANTHONY WAHL

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 15 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		74698.94
(b) Cash on Hand at Beginning of Reporting Period.....	71750.94	
(c) Total Receipts (from Line 19)	4878.00	22930.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	76628.94	97628.94
7. Total Disbursements (from Line 31)	27000.00	48000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49628.94	49628.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4806.00	18559.00
(ii) Unitemized	72.00	4371.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	4878.00	22930.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	4878.00	22930.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ►	4878.00	22930.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	4878.00	22930.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	47000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27000.00	48000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27000.00	48000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4878.00	22930.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4878.00	22930.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. TIMOTHY BECK

Mailing Address 9132 CHEROKEE TRAIL

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : SA11AI.6599

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TROY CALLENDER

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : SA11AI.6602

Amount of Each Receipt this Period

111.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AARON CALODNEY

Mailing Address 17909 CR 132

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1372.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : SA11AI.6579

Amount of Each Receipt this Period

294.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

505.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JOHN CAMP

Mailing Address 606 CUMBERLAND ROAD

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.00

Date of Receipt

05 / 03 / 2016

Transaction ID : SA11AI.6597

Amount of Each Receipt this Period

214.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STUART CRUTCHFIELD

Mailing Address 2066 CANBERRA COURT

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1391.00

Date of Receipt

05 / 03 / 2016

Transaction ID : SA11AI.6580

Amount of Each Receipt this Period

298.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GUY DANIELSON

Mailing Address 16950 FM 2661

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

05 / 03 / 2016

Transaction ID : SA11AI.6581

Amount of Each Receipt this Period

83.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

595.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

05 / 03 / 2016

Transaction ID : SA11AI.6582

Amount of Each Receipt this Period

271.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAUL DETWEILER

Mailing Address 3635 CANYON CREEK CIRCLE

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

05 / 03 / 2016

Transaction ID : SA11AI.6583

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

05 / 03 / 2016

Transaction ID : SA11AI.6598

Amount of Each Receipt this Period

106.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

602.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. HOWARD GARB

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2016

Transaction ID : SA11AI.6603

Amount of Each Receipt this Period

102.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GARY GOODFRIED

Mailing Address 19140 FALLS CREEK

City State Zip Code
FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1339.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2016

Transaction ID : SA11AI.6584

Amount of Each Receipt this Period

287.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHARLES GORDON

Mailing Address 7302 HOLLYTREE DRIVE

City State Zip Code
TYLER TN 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1419.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2016

Transaction ID : SA11AI.6585

Amount of Each Receipt this Period

304.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

693.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. THOMAS GRAHAM

Mailing Address 533 WILDER WAY

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1372.00

Date of Receipt

05 / 03 / 2016

Transaction ID : SA11AI.6586

Amount of Each Receipt this Period

294.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DUANE GRIFFITH

Mailing Address 7113 TURNBERRY CIRCLE

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

05 / 03 / 2016

Transaction ID : SA11AI.6604

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JAMES HARRIS

Mailing Address 9243 CHISHOLM TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 03 / 2016

Transaction ID : SA11AI.6587

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

479.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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PAGE 11 OF 15

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. STEUART HEATON

Mailing Address 3413 GOLDEN ROAD

City

TYLERT

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2016

Transaction ID : SA11AI.6601

Amount of Each Receipt this Period

83.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEFF HUNTER

Mailing Address 3415 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2016

Transaction ID : SA11AI.6605

Amount of Each Receipt this Period

83.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MATT JONES

Mailing Address 3414 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2016

Transaction ID : SA11AI.6600

Amount of Each Receipt this Period

83.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JAMES MICHAELS

Mailing Address 2013 HOLLY CREEK DR.

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1381.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : SA11AI.6588

Amount of Each Receipt this Period

296.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN PRIDDY

Mailing Address 17950 TIMOTHY CT.

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : SA11AI.6596

Amount of Each Receipt this Period

144.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TODD RAABE

Mailing Address 16987 FM 756

City State Zip Code
 WHITEHOUSE TX 75791

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1755.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : SA11AI.6589

Amount of Each Receipt this Period

376.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

816.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. MARK RENFRO

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1106.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : SA11AI.6590

Amount of Each Receipt this Period

237.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL RUSSELL

Mailing Address 5930 BRIKWORTH

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1307.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : SA11AI.6591

Amount of Each Receipt this Period

280.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM SCHREIBER

Mailing Address 6407 HOLLYTREE CIRCLE

City State Zip Code
 TYLER TN 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : SA11AI.6593

Amount of Each Receipt this Period

83.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JERRY SCHWARZBACH

Mailing Address 8304 COLUMBIA DRIVE

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 03 / 2016

Transaction ID : SA11AI.6594

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLAIRE TIBILETTI

Mailing Address 16690 DRIFTWOOD

City	State	Zip Code
TYLER	TX	75707

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

05 / 03 / 2016

Transaction ID : SA11AI.6595

Amount of Each Receipt this Period

167.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

267.00

4806.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. BRYAN HUGHES

Mailing Address 102 WEST HOUSTON

City	State	Zip Code
MARSHALL	TX	75671

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2016

Transaction ID : SB23.6606

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARCO RUBIO FOR SENATE 2016

Mailing Address PO BOX 661537

City	State	Zip Code
MIAMI	FL	33266

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 00

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SB23.6644

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TRUMP VICTORYMailing Address C/O RED CURVE SOLUTIONS
138 CONANT STREET, 2ND FLOOR

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : SB23.6608

Amount of Each Disbursement this Period

20000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

27000.00

27000.00
